

Roanoke City Sheriff's Office Charity Golf Tournament  
Registration Form



Morning Flight Only, 7:30 AM  
Captain's Choice  
Cost Per Player \$55.00 X 4 = \$220.00

Team Captain/Contact person:

Name \_\_\_\_\_

Player 1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 2 Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 3 Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 4 Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**REGISTRATION DEADLINE: MAY 3**